



Albany County Soil and Water Conservation District

24 Martin Road, Voorheesville, NY 12186

Phone: (518) 765-7923



Co-Sponsors: Associated General Contractors of NYS, Eastern Contractors Association, Inc., Northeastern Subcontractors Association & Stormwater Coalition of Albany

Erosion and Sediment Control Construction Activity Training 4-Hour Course

November 14, 2017 8:00am – 12:00pm

Under the NYS Department of Environmental Conservation's Stormwater Permit GP-0-15-002, all developers, contractors and subcontractors must identify at least one *trained contractor* from their company that will be responsible for implementation of the SWPPP, and have at least one *trained contractor* on site on a daily basis when soil disturbance activities are being performed. Also, developers must have a *qualified inspector* conduct regular site inspections in accordance with GP-0-15-002.

Qualified inspectors* and *trained individuals* must have 4 hours of training in the principles and practices of erosion and sediment control endorsed by NYS DEC, SWCD, or CPESC Inc. Training is good for 3 years. Training is **not required for CPESC, LA, and PE certified persons. Upon completion of the course, each participant will receive a NUYS DEC Stormwater Training Number on a wallet card good for 3 years.

This training does not allow contractors to conduct their own Qualified Weekly Inspections

Code Enforcement Officers & Planning Board/Zoning Board of Appeals members may use this course as 4 hours of Professional Development Elective Credits. The individuals completing the training may also need to provide DOS with a copy of their wallet card, if requested.

LOCATION: Building Industry Center
6 Airline Drive
Albany, NY 12205

COST: \$85 per person, *non-refundable*

Pre-payment required; checks must be received with registrations. Please make checks payable to Albany County SWCD, 24 Martin Road, Voorheesville, NY 12186. We do not accept credit cards.

Also, a "Trainee Form for 4-Hour ESC Training" is enclosed. A form for each trainee must be completed and returned with your pre-payment.

Full first and last name, contact phone number, address and contact email **must** be provided.

Registration begins at 7:30am; Photo ID Required to Register (NO ACCEPTIONS)

Space is limited and PRE-REGISTRATION IS REQUIRED by **November 6th** or until full.

Please Note: Cell phones must be put on silent or vibrate during the training

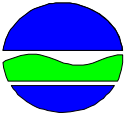
PRE-REGISTRATION INFORMATION:

Please contact Susan Lewis for Trainee Form; Email: acswcd@gmail.com or call 518-765-7923 Class filled on 1st come, 1st serve basis. *Due to assigned training numbers, no substitutions will be allowed after registration deadline.*

PRESENTED BY: David Mosher - CPESC

Presentation will begin promptly at 8:00am. **Late arrivals will not be admitted.**

Trainee Form for 4-Hour ESC Training



New York State Department of Environmental Conservation
 Division of Water, 625 Broadway, 4th Floor
 Albany, New York 12233-3505

SWT#

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(for DEC or Delegate use only)

A Stormwater Trainee (SWT) identification (ID) number will be assigned to each person that completes the NYSDEC 4-hour training in the principles and practices of erosion and sediment control (ESC) to satisfy the State Pollution Discharge Elimination System (SPDES) Construction Activity General Permit #GP-0-08-001. Each trainee that wishes to obtain a wallet card with the SWT ID must provide the contact information requested below, including his/her home mailing address. The trainee must be prepared to show his/her NYS Driver License (or non-driver photo ID with proof of address) on the day of training to verify that the information below is correct. NYSDEC recommends that this form be completed as a PDF form on computer (or hand-written in blue or black ink) and sent to the training sponsor by the pre-registration deadline (in advance of the training) either by email or through the mail.

***IMPORTANT: RETURN THIS FORM TO THE TRAINING SPONSOR**

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| Trainee First Name | MI | Trainee Last Name |
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|---------------|-----------------------------|
| Trainee Phone | Trainee County of Residence |
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Trainee Home Mailing Address 1st Line (same as NYS Driver License)

Trainee Home Mailing Address 2nd Line (if applicable)

City (same as NYS Driver License)

State Zip Code

Trainee eMail 1

Trainee eMail 2 (optional)

For DEC or Delegate Use Only

Trainer Comments

Training Location Building/Street

| | |
|------------------------|----------------|
| Training Location City | State Zip Code |
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|-----------------------|-----------------------------|
| Trainee Training Date | Sponsoring County SWCD Name |
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|--------------------|----|-------------------|----------------|
| Trainer First Name | MI | Trainer Last Name | Trainer SWT No |
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